

**ORDER TO ATTEND HEARING  
AND NOTICE TO THE RESPONDENT**

JD-FM-162 Rev. 3-06  
P.B. §§ 25-3, 25-4

**STATE OF CONNECTICUT  
SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)



**INSTRUCTIONS:** Complete first section and attach to Custody/Visitation Application (JD-FM-161). Obtain hearing date from court clerk.

JUDICIAL DISTRICT OF	AT (Town)	
ADDRESS OF COURT (No., street, city)		DOCKET NO.
APPLICANT'S NAME (Last, first, middle initial)	ADDRESS (No., street, town, zip code)	
RESPONDENT'S NAME (Last, first, middle initial)	ADDRESS (No., street, town, zip code)	

**NOTICE TO THE ABOVE-NAMED RESPONDENT**

1. The Application attached to these papers states what the applicant is requesting the Court to order in this matter.
2. The Court has ordered you to appear for a hearing on this Application at the date and time specified below. If you do not appear at the hearing on this Application, the Court may issue a civil arrest order against you and/or enter temporary or permanent orders, which may include judgment against you for the relief requested in the Application.
3. If you wish to be informed of further proceedings, you or your attorney must file a form called an "Appearance" with the clerk of the above-named Court at the above Court address.
4. The "Appearance" form may be obtained at the above Court address or at the Judicial Branch web site at [www.jud.ct.gov](http://www.jud.ct.gov).
5. If you have questions about the Application, Hearing or Notice of Automatic Court Orders (JD-FM-158), you should consult an attorney promptly. The Clerk of Court is not permitted to give advice on legal questions.

**ORDER**

The attached Application asks for custody of or visitation with a child or children. It has been reviewed by the Court. Based on the Application, **YOU ARE ORDERED TO ATTEND A COURT HEARING** to explain why the applicant's requests should not be granted. If you do not attend the court hearing, a civil arrest order (capias) may be issued against you and the court may enter custody or visitation orders that affect you.

DATE OF COURT HEARING	TIME OF COURT HEARING ____.m.	ADDRESS OF COURT (No., street, town)	ROOM NO.
BY THE COURT  ____, J.		SIGNED BY (Assistant clerk)	DATE SIGNED

To Any Authorized Officer:

By authority of the State of Connecticut, you must serve a true and attested copy of the court orders above, the Application and Notice of Automatic Court Orders on the respondent at least twelve days before the scheduled hearing date listed above and return it to court at least six days before the scheduled hearing date.

**RETURN OF SERVICE**

I left a true and attested copy of the Application, Notice of Automatic Court Orders, and Order to Attend Hearing

☐ personally with the respondent.

☐ at the current home of the respondent at (no., street, town or city):

\_\_\_\_\_

The original Application and Notice of Automatic Court Orders are attached.

SIGNED (State Marshal, proper officer)	TITLE OF SIGNER	TRAVEL
COUNTY	DATE OF SERVICE	TOTAL

**FEES**

COPY

ENDORSEMENT

SERVICE